



## Neighborhood Leadership Academy Registration Form

Name:	
Street:	
El Paso, Texas	Zip Code:
Have you had prior leadership training?	Yes or No
Are you a member of a neighborhood association?	Yes or No
Are you presently involved in any community organization? Yes or No	
If yes, please explain below:	
Level of Education:	
High School or GED Diploma	<input type="checkbox"/>
Associates Degree	<input type="checkbox"/>
Bachelors Degree	<input type="checkbox"/>
Masters Degree	<input type="checkbox"/>
Is Applicant In Need Of Special Accommodations? <input type="checkbox"/> If Yes, Please Check Box	
What City District do you live in:	
1 <input type="checkbox"/>	5 <input type="checkbox"/>
2 <input type="checkbox"/>	6 <input type="checkbox"/>
3 <input type="checkbox"/>	7 <input type="checkbox"/>
4 <input type="checkbox"/>	8 <input type="checkbox"/>
Please Explain Why You Believe It Would Be Beneficial For You to Attend The Neighborhood Leadership Academy?	

Signature

Date

**Application must be turned in by 5:00 p.m. September 22, 2006**

**Please mail or bring this form to:**

**Department of Community and Human Development – Neighborhood Services Division**

**#2 Civic Center Plaza, 8<sup>th</sup> Floor, El Paso, Texas 79901-1196**

**Phone: (915) 541-4377**